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Medical Command

**BIOGRAPHICAL EVALUATION AND
SCREENING OF TROOPS (BEST) PROGRAM**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction implements AFD 40-4 and provides requirements and outlines activities, policies, and procedures for the Biographical Evaluation and Screening of Troops, formerly called Air Force Medical Evaluation Test program. It describes how the program is managed, responsibilities, information processing procedures, data processing, and data analysis. This instruction requires collecting and maintaining information protected by the Privacy Act of 1974 authorized by Executive Order number 10 USC 8013. System of records notice F030 AFA Biographical Data and Automated Personnel Management System applies.

Statutory Authority and Approval Authority. Atch 1 lists pertinent directives, related Navy instructions, and letters of authority.

Separation authority. Separation authority is found in AFI 36-3208 and AFI 36-3209

This publication applies to the Air National Guard (ANG) when published in the ANGIND 2.

Section A—Program Objectives

1. Goals of the Biographical Evaluation and Screening of Troops (BEST) Program:

1.1. Prevention. Deter persons from continuing on with their military training if found to have prior-to-service psychopathology that would significantly interfere with basic training.

1.2. Identification. Identify basic trainees who need substance abuse screening or a complete mental health evaluation.

1.3. Data Collection. Obtain data on the relevance of prior-to-service biographical data related to enlisted training success and on the validity of instrumentation and procedures.

1.4. Mental Health Evaluation Support. Develop data in support of mental health recommendations for continuation or separation from training.

1.5. Commander Support. Design flexible testing programs that meet the above goals and help training commanders maintain the morale, welfare, discipline, and health of their commands.

1.6. Technical Advisory Board Policies. Receive oversight and technical expertise bi-annually from a technical advisory board made up at least, but not limited to, invited representatives from AETC and/or 37th TRW, 59th MDW, Air Force Research Laboratory, and BEST staff.

Section B—Responsibilities

2. Responsibilities for the Biographical Evaluation and Screening of Troops Program:

2.1. HQ USAF

2.1.1. The Deputy Chief of Staff, Personnel (HQ USAF/DP):

- Prescribes and monitors airmen separations policies and procedures.

2.1.2. The Surgeon General (HQ USAF/SG):

- Advises HQ USAF/DP and major commands on medical aspects of the program.
- Oversees 59th Medical Wing.
- Designates the Air Force BEST Technical Advisory Board to monitor quality control to ensure continuous accuracy in test results and improvement in testing procedures.

2.1.3. The Judge Advocate General (HQ USAF/JA) guides and assists HQ USAF/SG and HQ USAF/DP and HQ AETC in managing the legal aspects of the program.

2.2. Air Education and Training Command:

- Authorizes the execution and administration of BEST to enlisted accessions. Ensures that procedures and responsibilities are specified to Basic Military Training, Lackland Air Force Base.
- Ensures funds and documentation to support materials, personnel, and equipment are made available.
- Designates representatives to the Air Force BEST Technical Advisory Board.

2.2.1. 7th TRW

- As the unit that provides training for all USAF recruits, will provide input to BEST Program policy.
- Provides 59MDW/PSCPF attrition codes for each recruit who does not graduate from basic training, length of time and reason for being in the 319th Training Squadron, and average cost of training per recruit for purposes of program validation and cost analysis.
- Designates a representative to the Air Force BEST Technical Advisory Board.
- Provides facilities and necessary scheduling support for BEST Program.

2.3. 59th MDW/Wilford Hall Medical Center (WHMC)

2.3.1. 59th MDW/PSC

- Provides Mental Health Technicians dedicated to support BEST Program.

- Provides BEST Program instruments such as History Opinion Inventory-R (HOI-R WHMC Form 3547), Phase II and Phase III (WHMC Form 3549), and other instruments that are determined to be necessary.
- Provides clinical support to Phase III of BEST Program.
- Provides representation to the Air Force BEST Technical Advisory Board meetings.

2.3.2. 59th MDW/HSI

- Provides computer equipment, software, and assists with the configuration of the BEST Program to support integration within the WHMC computing environment.
- Provides computer maintenance for BEST Program.
- Provides System Manager for the BEST Program.
- Provides representation to the Air Force BEST Technical Advisory Board meetings.

2.3.3. 59th MDW/ PSCPF

- Executes BEST Program policy and procedures.
- Manages, maintains, and analyzes BEST Program central data base.
- Coordinates validation, statistically derived test scores for Air Force recruits, and revision of BEST Program.
- Coordinates with WHMC Clinical Directorate and BEST Technical Advisory Board any analyses and approved presentation/publication of BEST Program results in relationship to performance indicators.
- Reviews BEST Program and revises screening procedures, survey instruments, and statistically derived algorithms every three years, if needed.
- Verifies testing data.
- Trains BEST Program cognizant personnel.
- Chairs and provides technical expertise to BEST Technical Advisory Board.

2.4. Defense Manpower Data Center (DMDC)

- DMDC archives Air Force psychological screening data and maintenance of BEST data.
- Protects confidentiality of data in accordance with agreement with the Air Force BEST Technical Advisory Board.
- Merges and updates BEST data with USAF data already at DMDC, including interservice code for attrition before the end of the first term of enlistment, AFQT scores, technical schools completed, and current major command of the individual.
- Provides routine reports in accordance with agreement with BEST Program representatives.
- Provides database accessibility and associated passwords.

Section C—Procedures

3. Biographical Evaluation and Screening of Troops (BEST) Program Procedures:

3.1. Phase I Procedures

3.1.1. Phase I will occur the first day of inprocessing.

3.1.2. Phase I documents a biographical history of an incoming recruit. The survey will assess factors such as school and job problems, overconcern with health, emotional instability, antisocial behavior, family dysfunction, withdrawn behavior, conflict with authority, and immaturity. Only those recruits identified in Phase I as being at higher than average risk to receive a separation because of mental health reasons before the completion of basic training will receive further screening in Phase II.

3.2. Phase II Procedures

3.2.1. Phase II will occur as soon after Phase I as feasible, but not any later than the end of week 1 of basic training.

3.2.2. Phase II is a second level screening of approximately 5% to 7% of all recruits whose Phase I scores indicated being at higher than average risk for a mental health separation during basic training. The purpose of Phase II is to distinguish those recruits with possible mental health problems for further evaluation. Recruits whose Phase II responses are deemed to be within normal limits are RTD. Phase II consists of the recruit:

3.2.2.1. Writing an expansion of answers to the biographical data survey (HOI-R), giving recruit's own interpretation of the question.

3.2.2.2. Completing a personality inventory which measures personality traits of the recruit, such as extroversion, agreeableness, conscientiousness, emotional stability, and openness.

3.2.2.3. Completing a Structured Report Interview (SRI), given by a mental health technician, who collects psycho-social data and an abbreviated mental health status.

3.2.3. About 2 to 3% of all recruits are identified at Phase II as being very high risk for mental health separation and are referred for further evaluation (Phase III). Identification for Phase III is based upon recruits' written responses to the biographical data survey, mental health status answers to the SRI, and personality traits similar to recruits who, in the past, have received mental health separations during basic training.

3.3. Phase III Procedures

3.3.1. Phase III will be completed no later than one duty day after Phase II.

3.3.2. Phase III is a referral for a mental health evaluation by a mental health provider. The mental health provider makes a diagnosis and clinical recommendation to the Squadron Commander. Reasons for separation and separation codes follow AFI 36-3208, Administrative Separation of Airmen and AFI 36-3209, Separation Procedures for Air National Guard and Air Force Reserve Members. All mental health evaluation referrals will be made in accordance with the requirements of AFI 44-109, Mental Health and Military Law.

3.3.3. Significant mental health problems will be triaged for immediate evaluation by a mental health provider for consideration of inpatient treatment and possible processing under AFI 36-3212.

Section D—Policy

4. Biographical Evaluation and Screening of Troops Policies:

4.1. Psychological screening provides the Air Force with a quality airman capable of performing in the military environment and of acquiring the necessary skills to maintain force readiness.

4.1.1. If the mental health provider deems a recruit to have any disqualifying disorder as dictated by current recognized diagnostic standards, provider will recommend separation to the Squadron Commander.

4.1.2. If a recruit's psychological status does not reflect a clearly diagnosable condition, any doubt will be resolved in favor of the recruit who will be returned to duty. Command leadership provides the necessary counseling to give the recruit the opportunity to complete enlistment.

4.1.3. Phases I and II are to be used only to refer recruits from one phase to another and not to process for separation. Recruits in Phase I and II are considered "well persons" and participating in the screening process.

4.1.4. Only mental health personnel will administer Phase II and Phase III of BEST. Squadron Instructors and Commanders are excluded from all aspects of BEST Phases I through III to preclude compromise of the inventory instruments.

4.1.5. Recruits identified for Phase III evaluation will normally proceed with inprocessing until the clinician makes a final recommendation. If medical conditions warrant, providers may recommend Commanders remove recruits from their flight and place in a "hold" category or the hospital until the Commander makes a final decision.

4.1.6. The BEST database is owned by the Air Force and archived by the Psychology Research Service at 59th Medical Wing at Lackland Air Force Base. Release of information will be governed by the provisions of the Privacy Act and the Freedom of Information Act.

CHARLES H. ROADMAN II, Lt Gen USAF, MC
Surgeon General

Attachment 1

GLOSSARY OF REFERENCES, ABBREVIATIONS, AND ACRONYMS

References

Data Project Directive ATC-173-2, Medical Adaptability Screening Test (MAST) System, 21 December 73

Program Directive, 75-11, AFMET Program, 15 April 75

Agreement for Computer Support, HQ Systems, Gunter AFB, 8 June 77

Request for Data System Designator and System Code, 10 June 77

ATC Regulation 177-1, Data Automation Requirements for AFMET, 20 June 77

ATC Surgeon General letter, AFMET Screening Project, 22 July 76

Abbreviations and Acronyms

AETC—Air Education and Training Command

AFQT—Armed Forces Qualifying Test

AFRL—Air Force Research Laboratory

BEST—Biographical Evaluation and Screening of Troops

DMDC—Defense Manpower Data Center

DP—Deputy Chief of Staff

HOI-R—History Opinion Inventory-Revised

HQ USAF—Headquarters, United States Air Force

HSI—Medical Information Systems and Communications, 59th MDW

JA—Judge Advocate General

PSC—Department of Psychology, 59th MDW

PSCPF—psychological Research Service, 59th MDW

SG—Surgeon General

SRI—Structured Report Interview

WHMC—Wilford Hall Medical Center

59th MDW—59th Medical Wing

37th TRW—37th Training Wing, trains all AF basics

319th Sq—The Squadron which “holds” recruits who may have temporary or permanent disqualifying conditions